



Application Form

Program: _____

Personal Information

First name _____ Last name _____

Mailing address _____

City _____ Prov./State _____ Postal code _____

Country _____

Permanent address (if different from mailing address) _____

City _____ Prov./State _____ Postal code _____

Country _____

Date of birth
(YYYY/MM/DD)

Country of birth

Country of citizenship

Gender

Male

Female

Other

Phone (home) _____

Phone (work) _____

Email

Primary spoken language

Dental Education

Dental school _____ Degree _____ Year of graduation _____

I have a post-graduate degree/specialty training.

Dental school _____ Degree/program _____ Year of graduation _____

I have a license to practice dentistry.

Prov./State

Country

Required Documents

I have attached the following required documents with my application. *(For further details on required documents, see website.)*

official transcripts of dental education

proof of English language proficiency

CV

personal statement

photo

letters of recommendation

I certify that the information provided on this form and in any documents submitted with this application is true and correct.

Sign here _____ **Date:** _____

Please email the completed application form and required documents to cde@dentistry.utoronto.ca.